

<b>Case Number:</b>	CM15-0079042		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old male who sustained a work related injury July 11, 2014. He was sitting in a chair and tried to stand, his legs did not respond and he fell to the floor. He experienced immediate sharp pain to his back, neck, both legs, both knees, both ankles, and both feet. He received conservative treatment including physical therapy and anti-inflammatory medication. An MRI of the lumbar spine, dated December 1, 2014 (report present in medical record), revealed L2-3 1-2mm posterior disc bulge, L3-4 1-2mm posterior disc bulge, L4-5 posterior annular tear, 2-3mm broad based posterior disc protrusion resulting in bilateral neural foraminal narrowing, and bilateral exiting nerve root compromise, L5-S1 4-5mm broad based posterior disc protrusion resulting in bilateral neural foraminal narrowing and bilateral exit nerve root compromise. According to a primary treating physician's progress report, dated April 8, 2015, the injured worker presented with constant lower back pain, and muscle spasm with radiation to the bilateral lower extremities. He also complains of right knee pain, rated 8/10. Diagnoses are documented as lumbar spine radiculopathy; right knee pain rule out meniscus tear; anxiety and depression. Treatment plan included continue with home exercise program, medication, and a qualified medical examiner consultation for May 14, 2015. At issue, a request for authorization for a lumbar epidural steroid injection L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

## **Lumbar Epidural Steroid Injection L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

**Decision rationale:** According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current researches do not support "series-of-three" injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. In this case, prior x-rays and electro diagnostics studies performed in Sept and Oct. 2014 was no consistent with radiculopathy. In addition, the ACOEM guidelines do not recommend invasive procedures due to their short-term benefit. The request for the ESI does not meet the guideline recommendations and is not medically necessary.